

Award Number:
W81XWH-09-1-0242

TITLE: Reintegration The Role Of Spouse Telephone Battlemind Randomized Clinical Trial

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REPORT DATE:

October 2010

TYPE OF REPORT:

Annual Summary

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT:

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REPORT DOCUMENTATION PAGE			<i>Form Approved OMB No. 0704-0188</i>
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1. REPORT DATE (DD-MM-YYYY) 01-10-2010	2. REPORT TYPE Annual Summary	3. DATES COVERED (From - To) 30 SEP 2009 - 29 SEP 2010	
4. TITLE AND SUBTITLE		5a. CONTRACT NUMBER	
		5b. GRANT NUMBER W81XWH-09-1-0242	
		5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Linda Nichols, Ph.D., Jennifer Martindale-Adams, Ed.D.		5d. PROJECT NUMBER	
		5e. TASK NUMBER	
		5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Research Inc. Memphis, TN 38104		8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012		10. SPONSOR/MONITOR'S ACRONYM(S)	
		11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for public release; distribution unlimited			
13. SUPPLEMENTARY NOTES			
14. ABSTRACT <ul style="list-style-type: none"> Deployment and combat can affect marriage and families negatively. This study will test telephone-based strategies to assist spouses of returning Iraq and Afghanistan service members. The goal is to build spouses' resilience to cope with reintegration challenges, help them serve as a support system for service members, and ease the transition for families post-deployment. The study will compare telephone support/discussion groups to telephone/computer education groups and to usual care. Some of the barriers to participating in an intervention, such as lack of local services, access, childcare, and distances, are eliminated by telephone use. The study will enroll 225 spouses, 22 to date. In the Telephone Discussion groups, a group facilitator and participants will focus on education, skills building and support. Education Only telephone/computer groups will provide the same education content, without skills building or support. Each group will meet 12 times over 6 months. Content includes ways returning service member, spouse and family may have changed during deployment; negotiation; strategies to reduce or eliminate reintegration difficulties; strategies to support the service member; and cues to alert spouses when to seek mental health services for family or self. Usual Care participants will receive a workshop focusing on the same topics after participation. 			
15. SUBJECT TERMS Spouses, social support, stress disorders, post traumatic, combat disorders			
16. SECURITY CLASSIFICATION OF:		17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 11
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U	19a. NAME OF RESPONSIBLE PERSON USAMRMC 19b. TELEPHONE NUMBER (include area code)

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INTRODUCTION:

The consequences of deployment and combat exposure can affect marriage and families negatively. The study will compare telephone support/discussion groups to telephone/computer education groups and to usual care as strategies to assist spouses of returning Iraq and Afghanistan service members. The goal is to build spouses' resilience to cope with reintegration challenges, help them serve as a support system for service members, and ease the transition for families post-deployment. Some of the barriers to participating in an intervention, such as lack of local services, access, childcare, and distances, are eliminated by use of the telephone. The study will enroll 225 spouses. In the Telephone Discussion groups, a group facilitator and participants will focus on education, skills building and support. Education Only telephone/computer groups will provide the same education content, without skills building or support. Each group will meet 12 times over 6 months. Content includes ways the returning service member, spouse and family may have changed during deployment; negotiation in personal relationships; strategies to reduce or eliminate reintegration difficulties; strategies to support the returning service member; and cues to alert spouses when to seek mental health services for the family or themselves. Usual Care participants will receive a workshop focusing on the same topics after their study participation.

BODY:

Due to the Army mandate to discontinue the rubric “Battlemind”, the title of the project was changed from “Reintegration: The role of Spouse Telephone Battlemind RCT” to “Spouse READI (Resilience Education and Deployment Information): Randomized Clinical Trial”. During this year, an Education Only study arm was added and the project, timeline, budget and SOW were amended and approved to include the Education Only study arm. The complete amended SOW is shown as Appendix 1.

Task 1: Develop Manual of Operations (MOP)

Months 1-7, October, 2009-April

2010. All activities and products are completed for the Manual of Operations.

Activities Product

- Finalize support group format
 - Finalize support group materials
 - Finalize education group sessions
 - Finalize screening materials
 - Finalize data collection protocol/battery
 - Develop and print brochures and posters

ts

- Support group format, topics and scripts
 - Participant Workbooks and Welcome Packs
 - Education group format, topics and scripts
 - Screening forms and scripts
 - Data collection forms, scripts and documentation
 - Brochures and posters
 - Participant Workbooks and Welcome Packs

Task 2: IRB approval

Months 1-8, October, 2009-May 2010.

All activities and products are completed for IRB approval. Final Memphis IRB approval to add the Educational Only arm was received 5/27/10 and HRPO approval was received on 6/15/10.

Activities Products

- Develop informed consent documents

• Approved consent

Task 3: Hire and train personnel **Months 1-5, October, 2009-February 2010**
Final staff member was hired in March, 2010. No additional hiring is anticipated. A University of Memphis Psychology graduate student intern is also working with the project, and is in the process of being certified.

Activities Products

- Write job descriptions, interview, hire, train
- Trained and certified staff

Task 4: Recruitment and Randomization

Months 8-35, May 2010-August 2012

Recruitment began June 16, 2010. Email announcements have been sent to Guard, Reserve, and Active Duty contacts. The Spouse READI website, Facebook entry, and email contact are all available. See Outcomes for URLs.

Activities Current

- Work with recruitment sources
- Telephone and screen potential participants
- Randomize participants

Products

- Recruitment sources contacted
- 35 spouses screened
- 22 participants randomized

Task 5: Intervention (Telephone Groups)

Months 8-41, May 2010-February 2013

Telephone support/discussion groups began August 31, 2010. Three groups are ongoing.

Activities Current

- Schedule and provide groups for intervention participants

Products

- Two groups ongoing

Task 6: Attention Control (Education Groups) **Months 8-41, May 2010-February 2013**

Education webinar groups began August 31, 2010. Three groups are ongoing.

Activities Current

- Schedule and provide sessions for education participants

Products

- Three groups begun

Task 7: Data Collection/Data Entry/Cleaning **Months 8-48, May 2010-September 2013**

Activities Current

- Collect full data at baseline, six and twelve months
- Collect partial data at three and nine months
- Enter and clean data

Products

- 20 baselines collected
- Completed data entry for baselines

Task 10: Preparation and Dissemination of Results **Months 31-51, April 2012-January 2014**

Information on the program was reported at the MOMRP In Progress Review meeting, July 21, 2010, in Frederick, MD. See Outcomes and Appendix.

Activities Products

- Prepare papers and presentations
- Develop protocol for dissemination
- Papers and Presentations
- Manuals and materials for dissemination to DoD and VA

KEY RESEARCH ACCOMPLISHMENTS: None to date.

REPORTABLE OUTCOMES:

Telephone Support During Deployment for OEF/OIF Spouses.

With requests from spouses and 1st Armored Division Special Troops Battalion Commander, Lt. Col. Lane Turner, currently stationed in Baghdad, Iraq, a proposal to provide services to spouses of deployed service members was submitted to MOMRP and approved. This project will begin in FY12.

Nichols LO, Martindale-Adams J. (2010). Spouse READI Telephone Support (Resilience Education and Deployment Information), MOMRP In Progress Review meeting, July 21, 2010, Frederick, MD.

CONCLUSION:

Change in Format of Groups. As was reported in our last Quarterly Report, because of low attendance in our pilot study, in March, 2010, we conducted a survey of spouse participants in the Spouse BATTLEMIND Pilot study for interim program evaluation. Two important lessons learned/process findings emerged. The first is that these military wives have extremely busy and challenging schedules, with challenges of reintegration, employment, their own education, children's schedules, and aging parents. These are some of the many factors that can derail their plans to attend a group session. The second process finding is that they do not participate in the type of emotional bonding that we have seen among dementia telephone support group caregivers. For our Pilot study groups, spouses are always eager to talk with others in the group who have the same problems they have and quickly share information and experiences when this happens. However, the type of concern and personal connection that dementia caregivers exhibit, where participants appear deeply interested in others' concerns even when they are not experiencing those concerns themselves, is not as prominent. There could be several reasons for this more content/experience type of bonding. For example, most participants are from a different and younger generation than dementia caregivers, particularly wives. In addition, as military families, they may exhibit different adaptive strategies for bonding due to frequent moves. A third possible reason may be the progressive nature of dementia, where those who are providing care for someone farther along in the disease will share information to those who have not reached that point and those who are not as far advanced are interested to know what is coming.

These two process findings of challenging schedules and bonding around content/experiences led to a change in how we configured the Telephone Discussion Groups and Education Groups scheduling. Sessions are pre-scheduled on three different nights and at pre-determined times based on Pilot data of times that spouses were available. Each participant is assigned to a group based on her schedule. However, she will have the capability to switch to another group run by the same Group Leader if she cannot make the assigned group for a particular session.

If participants switch between groups to accommodate their schedules, they will interact with different individuals. In this model, a small set of participants (6-10) will not always necessarily stay together in one closed group; rather 18-30 participants will have the opportunity to interact with each other in three groups. Because the experiences of the participants, rather than their personalities, appear to be the most important factor in the supportive functions of the group, this model should work well.

With this change in how participants are scheduled into the groups, there was no longer a need to hold a cohort of randomized participants to begin together as one group. As each individual assigned to the Intervention arm enters the study, she is given a one-on-one orientation to the study with the Group Leader that includes the basic Problem-Solving skills, which are a core part of each session. She will then be able to choose the session time that best suits her schedule. Participants may begin at any point in the series of sessions. The Education arm sessions will also follow this model of participants beginning at any point in the series of sessions.

REFERENCES and SUPPORTING DATA: N/A

APPENDICES:

- Amended SOW
- Spouse READI Media, email, URLs for Spouse READI website and Facebook
- Presentation slides – Spouse READI

SPOUSE READI STATEMENT OF WORK (SOW) REVISED 6/7/10

Task 1: Develop Manual of Operations (MOP)

Activities Produc

- Finalize support group format
- Finalize support group materials
- Finalize education group sessions
- Finalize screening materials
- Finalize data collection protocol/battery
- Develop and print brochures and posters

Months 1-7, October, 2009-April 2010

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- Support group format, topics and scripts
- Participant Workbooks and Welcome Packs
- Education group format, topics and scripts
- Screening forms and scripts
- Data collection forms, scripts and documentation
- Brochures and posters
- Participant Workbooks and Welcome Packs

Task 2: IRB approval Months

Activities Produc

- Develop informed consent documents

1-8, October, 2009-May 2010

ts

- Approved consent

Task 3: Hire and train personnel

Activities Produc

- Write job descriptions, interview, hire, train

Months 1-5, October, 2009-February 2010

ts

- Trained and certified staff

Task 4: Recruitment and Randomization

Activities Produc

- Work with recruitment sources
- Telephone and screen potential participants
- Randomize participants

Months 8-35, May 2010-August 2012

ts

- Approximately 450 spouses screened
- 225 participants recruited

Task 5: Intervention (Telephone Groups)

Activities Produc

- Schedule and provide groups for intervention participants

Months 8-41, May 2010-February 2013

ts

- Groups provided

Task 6: Attention Control (Education Groups)

Activities Produc

- Schedule and provide sessions for education participants

Months 8-41, May 2010-February 2013

ts

- Sessions provided

Task 7: Data Collection/Data Entry/Cleaning

Activities Produc

- Collect full data at baseline, six and twelve months
- Collect partial data at three and nine months
- Enter and clean data

Months 8-48, May 2010-September 2013

ts

- Completed data entry

Task 8: Control Group Workshops

Activities

- Provide one-one workshops for control group participants

Months 20-49, May 2011-October 2013

- Products

- Workshops provided

Task 9: Data Analysis

Activities Produc

- Complete data analysis

ts

- Completed data analysis,

Months 33-50, June 2012-November 2013

Months 31-51, April 2012-December 2013

Activities Produc

- Prepare papers and presentations
- Develop protocol for dissemination

ts

- Papers and Presentations

- Manuals and materials for dissemination to DoD and VA

Appendix 2

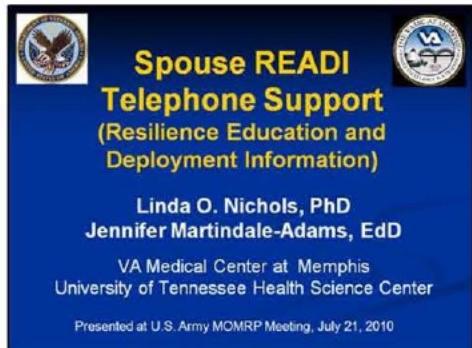
Spouse READI media

Email: yhamemsbm@va.gov

Website: www.memphis.va.gov/spousesupport

Facebook: <http://www.facebook.com/notes/memphis-va-medical-center/spouse-readi-study-focus-on-helping-families-post-deployment/405864899824>

Appendix 3



**Spouse READI
Telephone Support
(Resilience Education and Deployment Information)**

Linda O. Nichols, PhD
Jennifer Martindale-Adams, EdD

VA Medical Center at Memphis
University of Tennessee Health Science Center

Presented at U.S. Army MOMRP Meeting, July 21, 2010



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Celeste Bursi, MSSW
Marshall Graney, PhD
Barbara Higgins, MA
Sarah Kennedy, MA
Pat Miller, MA
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Karin Thompson, PhD
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University of Memphis
Walter Reed Army Institute
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Grant Information

- Award Number ■ W81XWH-09-1-0242
- Award Date ■ September 29, 2009
- Award Amount ■ \$1,072,618
- Contract Officer Representative ■ Nicola Ohaegbu
- Project Officer ■ Tyler C. Smith, MS, PhD
- Portfolio Managers ■ COL Carl Castro
■ Kate Nassauer, Ph.D.

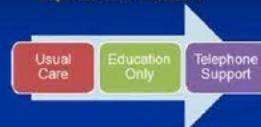
Study Background/Rationale

- Ongoing reintegration concerns
- Spouses
 - Iraq/Afghanistan post-deployment
 - Stressed, isolated, overwhelmed
- Spouses report few resources
- Telehealth methodology
 - Telephone and online
 - Increased access



Research Question(s)/Hypotheses

Improvement in Outcomes



- Spouse outcomes - depression, anxiety, resilience, coping strategies
- Family outcome - problem-solving communication

Design and Methodology

- Randomized clinical trial
 - Six month intervention
 - Education and skills building
- Three arms
 - Telephone support groups (1.0 hour, twice/month)
 - Telephone/online education sessions, (0.75 hour, twice/month)
 - Usual care (workshop at study end)
- Telephone data collection
 - Full data - baseline, six, twelve months
 - Outcomes – three, nine months

Spouse READI Telephone Support

(Resilience Education and Deployment Information)

Linda O. Nichols, PhD
Jennifer Martindale-Adams, EdD

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Presented at U.S. Army MOMRP Meeting, July 21, 2010

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